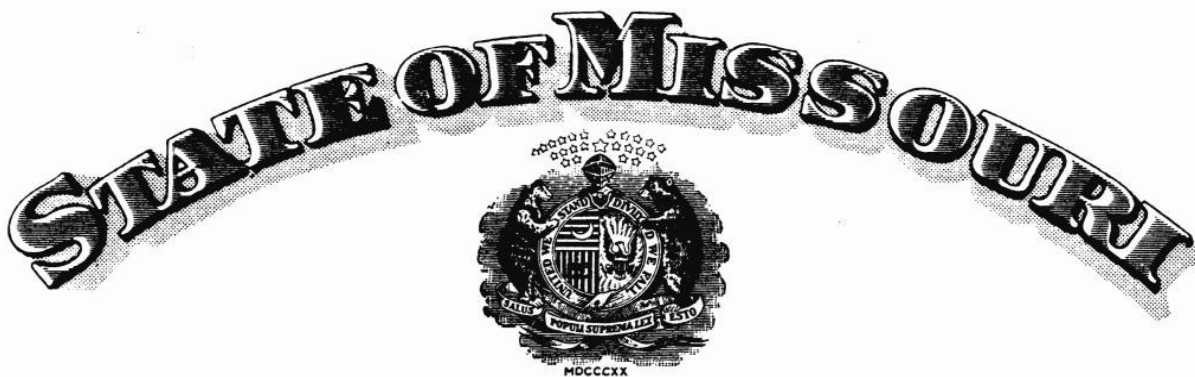




DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-01

Rate Stability Rules

Issued: February 20, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers writing personal and commercial lines of property and casualty insurance in Missouri.

From: Chlora-Lindley Myers, Director

Re: Rate stability rules in personal and commercial lines of property and casualty insurance policies

This Bulletin is issued to provide information regarding the use of rate stability rules, applicable to both personal and commercial lines of property and casualty insurance, but excluding workers' compensation.

Insurers use rate stability rules to moderate rate and premium fluctuations that may occur due to the acquisition of new business or changes in rating plans for existing policyholders. Rate stability rules are also referred to as "transition rules," "rate stability factors" or "rate-capping rules."

By issuing this Bulletin, the Department is notifying insurers that it will not take enforcement action against an insurer, provided the insurer acts within or meets the guidelines set forth herein. This Bulletin is intended to supersede and replace Bulletin 16-05, which is hereby rescinded.

The Department will not take enforcement action against an insurer utilizing rate stability rules to modify rates or premiums so long as the rate stability rules meet the following guidelines:

- 1) The rate stability rules are applied to personal or commercial lines of property and casualty insurance, specifically excluding workers' compensation. Workers' compensation insurance is not included within the safe harbor provided under this Bulletin.
- 2) Rate stability rules are applied in the following limited circumstances:
 - (a) When an insurer makes significant and material revisions to its rating methodology, such as the implementation of a new model; or
 - (b) When an insurer obtains new business through acquisition or planned acquisition of a book of business from an unaffiliated insurer; or
 - (c) When an insurer transfers or receives new business from an affiliated insurer.
- 3) Policyholders cannot have more than one rate stability rule applied to their rates/premium during the same time period.
- 4) The insurer does not use rate stability rules to moderate premium adjustments from changes in the policyholder's risk profile. That is, rate stability rules are not used to moderate premium adjustments resulting from changes in coverage, exposure, or classification; or from normal variations in rating due to changes in policyholder characteristics. For example: changes in the age of drivers, changes in credit scores, homes or roofs and/or coverage limits.
- 5) An insurer's rate stability rules are only applied to policyholders who would otherwise experience a premium change of five percent or more. Meaning, the safe harbor provided under this Bulletin **does not** apply to rate stability rules intended to limit the policyholder's premium change to less than five percent at each renewal.
- 6) The insurer's rate stability rules are unambiguous and applied uniformly to all applicable business.
- 7) The insurer's rate stability rules are, in the aggregate, rate neutral or result in an overall rate decrease.
- 8) Rate stability rules are not in place, applied or utilized longer than five (5) years from the original effective date of the rate stability rule. In other words, the safe harbor provided under this Bulletin only applies to the temporary and limited use of rate stability rules.
- 9) An additional safe harbor will be given to companies that currently have a rate stabilization plan in effect that does not meet Guidelines 1 through 5 as set forth in this Bulletin. In this limited instance, an insurer shall have two (2) years from the issuance of this Bulletin to modify rate stability rules and/or rating plans, and where applicable, submit filings, reflecting the revisions.

- 10) The safe harbor provided under this Bulletin only applies when the insurer maintains sufficient information to document and validate the use of rate stability rules in accordance with Regulation 20 CSR 100-8.040. This information must be made available upon request by the Department, so that the Department may accurately reproduce premiums charged to policyholders.

Such information shall include, but is not limited to, rates and premiums charged for any prior terms, rates and premiums for the current term prior to the application of a rate stability rule, and the specific factors or modifications applied to the current term's rates and premiums.

The following guidelines apply to personal lines property and casualty and those commercial lines property and casualty products where the insurer **does not** fall within the scope of (or exercise) the filing exemption set forth in Section 379.321.6 RSMo.

- 11) All rate stability rules and documentation of the use of such rules by insurers are filed with the Department, along with the rates to which the rate stability rules will be applied.
- 12) The insurer must publicly disclose in the filing:
 - (a) The use of a rate stability rule; and
 - (b) The situation, as outlined in Section 2) of this Bulletin, that lead to the insurer's use of a rate stability rule; and
 - (c) The applicable business to which the rule will be applied; and
 - (d) The date on which the rate stability rule will be effective, when it will terminate and the number of renewals after which the rate stability rule will no longer apply, subject to the maximum duration specified in this Bulletin for the safe harbor; and
- 13) The insurer provides the Department the following information in its filing:
 - (a) The class or classes of risks to which the rate stability rule applies; and
 - (b) The insurer must detail how each rate stability rule is applied and must describe the formula or methodology for the calculation; and
 - (c) The overall percentage and dollar impact on a stabilized and non-stabilized basis.

This information may be provided on a confidential basis, so long as the insurer has separately submitted the confidential materials within SERFF and they are marked as confidential materials, specifying the legal basis for the confidentiality.

- 14) The insurer must affirmatively state within the filing that it will maintain sufficient information to document and validate the use of rate stability rules in accordance with Regulation 20 CSR 100-8.040. The insurer must also affirmatively state it will make such information available upon request to the Department, so that the Department may accurately reproduce premiums charged to policyholders.

Such information shall include, but not be limited to, rates and premiums charged for any prior terms, rates and premiums for the current term prior to the application of a rate stability rule, and the specific factors or modifications applied to the current term's rates and premiums.

To document this agreement, the filing containing the rate stability rule shall include an affirmative statement from the insurer that it will maintain sufficient information as specified herein.

Any questions or comments regarding this Bulletin should be directed to the Property and Casualty Section at 573-751-3365.

###



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-02

Updated Disaster Contact Information

Issued: March 2, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers issuing policies covering real or personal property in Missouri

From: Chlora-Lindley Myers, Director

Re: Updated Disaster Contact Information

In anticipation of the upcoming spring storm season, and to ensure prompt and efficient communications with the insurance industry following a disaster, the DCI requests each insurer insuring real or personal property in the state to provide the following contact information to the DCI:

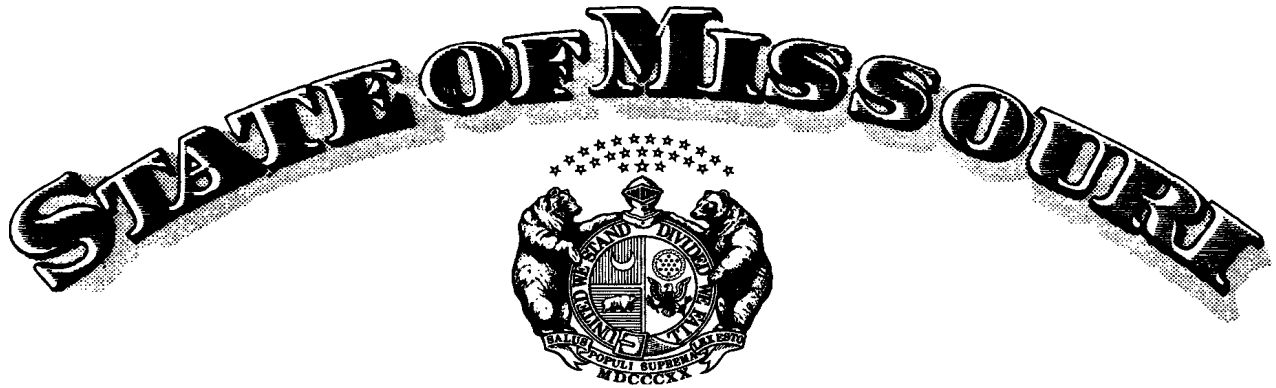
- **Primary regulatory contact:** This contact should be available to directly communicate with the Director and senior DCI leadership following a disaster within the state. These would be high-level communications about the DCI's response efforts, the company's response efforts, logistic issues and other urgent regulatory matters following a disaster.

- **Secondary regulatory contact:** This secondary contact should be able to discuss non-urgent regulatory issues with DCI staff as well as participate in industry conference calls and meetings regarding disaster response matters.
- **Communications contact:** This contact should be available to discuss inquiries received from press outlets and to coordinate joint communication and consumer outreach efforts.

For each insurer contact type identified above, the DCI is requesting contact information (name, title telephone numbers, email address) be submitted on the accompanying [Excel spreadsheet form](#). Responses can be emailed to CompanyContacts@insurance.mo.gov

Where there are multiple insurers within a larger group, a single response may be submitted if the individuals identified for the larger group can speak to the issues identified above for each insurer within the group.

Any questions or comments regarding this Bulletin should be directed to Samantha Mueller at 573-751-2430 or via email to Samantha.Mueller@insurance.mo.gov



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-03

Coronavirus (COVID-19)

Issued: March 3, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Health carriers writing health insurance or health benefit plan coverage in Missouri
From: Director Chlora Lindley-Myers
Re: Coronavirus (COVID-19)

A new Coronavirus ("COVID-19") was detected in China that has not been previously found in humans. There are thousands of confirmed cases throughout the globe, with numerous cases being identified in the United States. While no cases have been identified in Missouri as of the issuance of this Bulletin, this matter is of urgent importance to public health.

All health carriers, other insurance industry representatives and other interested parties are encouraged to review the latest Missouri information about COVID-19 released by the Missouri Department of Health and Senior Services at:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>

The Department is issuing this Bulletin to assist individuals and entities regulated by the Department in effectuating the provision of insurance related services during this urgent public health challenge.

The Department is asking health carriers providing coverage through health benefit plans to Missouri residents to take the following immediate measures related to the potential impact of COVID-19.

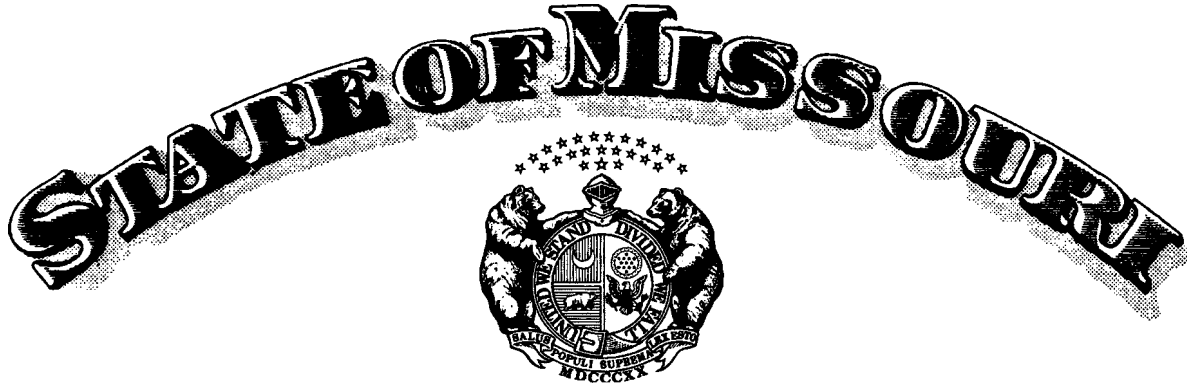
1. **Preparedness.** Health carriers should review their internal processes and operations to ensure that they are prepared to address COVID-19 cases in Missouri, including by providing insureds with information and timely access to all medically necessary covered health care services. As the COVID-19 situation continues to evolve, health carriers should continually assess their readiness and make any necessary adjustments
2. **Information Access.** Access to accurate information and avoiding misinformation are critical. Therefore, health carriers are asked to inform insureds of available benefits, quickly respond to insured inquiries, and consider revisions needed to streamline responses and benefits for insureds. Health carriers should make all necessary and useful information available on their websites and staff their nurse-help lines accordingly.
3. **Testing for COVID-19.** The Department asks health carriers to waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier to access to this important testing. In addition, health carriers are also asked to waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19, as well as for an emergency room visit when testing for COVID-19.
4. **Telehealth Delivery of Services.** Given that COVID-19 is a communicable disease, some insureds may be using telehealth services instead of in-person health care services. Health carriers are reminded to review Section 376.1900 RSMo regarding the delivery of health care services via telehealth. Health carriers are asked to review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand.
5. **Network Adequacy and Access to Out-of-Network Services.** Health carriers are asked to verify their provider networks are adequate to handle a potential increase in the need for health care services in the event COVID-19 cases are diagnosed in Missouri. If a health carrier does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health carriers are asked to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing.

6. **Utilization Review.** Timely decision making is essential to responding appropriately to COVID-19, and it is particularly important with respect to utilization review. Health carriers are reminded that utilization review decisions must be made in the timeframes required by Section 376.1363 RSMo. Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate.
7. **Immunizations.** Although a vaccine is not currently available for COVID-19, it has been reported to be in development. In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost-sharing for all covered members.
8. **Access to Prescription Drugs.** Health carriers are asked, where appropriate, to make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug.
9. **Information Sharing.** To ensure that public health officials and the public are adequately informed about what the health insurance industry is doing in response to COVID-19, the Department asks that health carriers provide information on the steps they are taking in response to this Bulletin, particularly, the issues addressed in Items 1 – 8. Health carriers may send that information to Amy Hoyt, Health Insurance Counsel at amy.hoyt@insurance.mo.gov.

In order to protect the public health, health carriers are asked to identify and remove barriers to testing and treatment for COVID-19. Health carriers must be prepared to address COVID-19 cases in Missouri and the Department extends its appreciation to health carriers in working with the State to address this public health challenge. Since the COVID-19 situation continues to evolve, health carriers should continually assess their readiness and be prepared to make any necessary adjustments.

Health carriers are advised to contact the Market Regulation Division at 573-751-2430 with questions regarding this Bulletin.

###



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-04

Health Insurance Rate Filings - Filing Dates for Plan Year 2021

Issued: March 4, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Health carriers writing health insurance or health benefit plan coverage in Missouri

From: Director Chlora Lindley-Myers

Re: Health Insurance Rate Filing Key Dates (2021 Plan Year)

This Bulletin provides notice to health carriers of key filing dates for health benefit plans that will be offered during 2021, as required by §376.465, RSMo (2016)¹, and 20 CSR 400-13.100. These dates are based on current federal guidance, and are subject to change.

This Bulletin is intended to announce key rate filing dates for health benefit plans.

¹ All statutory references herein are to RSMo (2016) unless otherwise noted.

SUMMARY OF FILING TIMEFRAMES FOR PLAN YEAR 2021

<u>Type of Plan</u>	<u>Filing Timeframe</u>
Single Risk Pool – Plans in Individual and Small Group ACA markets	File between June 20, 2020 and July 1, 2020 to meet federal and state guidelines.
Transitional	File at least 60 days prior to use. Filings, which include finalized rates, that are submitted on or before August 21 will have their reviews prioritized. <u>Filings submitted later than August 21 may have reviews extend beyond the intended implementation date.</u>
Grandfathered	File at least 30 days prior to use.
Student Health Plans	File at least 60 days prior to use.
Other Health Benefit Plans (Dental, Vision, etc.)	File at least 30 days prior to use.

#

For additional detail regarding the timeframes in the chart above, please see the following sections.

Applicability

The purpose of this Bulletin is to announce rate filing timeframes for plan types subject to a determination of “reasonableness” pursuant to §376.465.7. For ease, this Bulletin will refer to the following plans as “Subsection 7 Plans”:

- “Health benefit plans” as defined in §376.465 (*excluding* plans sold in the large employer group market);
- Individual and small employer group plans subject to the requirements of the single risk pool;
- Student health plans; and
- Transitional plans.

Section 376.465 specifies the timeframes applicable to rate filings for all other health benefit plans including, but not limited to, grandfathered plans and excepted benefit plans.

File Rates for Individual and Small Group ACA Plans No Later than July 1, 2020

The Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) designated Missouri as an “Effective Rate Review” state in 2017. To retain that status, the Department must ensure rate filings meet federal

guidelines. This Bulletin serves to indicate that the Department intends to follow federal filing and posting guidelines to the extent possible under Missouri law.

Current federal guidelines require rates to be filed for single risk pool plans issued or renewed on or after January 1, 2021. Rates for Individual and Small Group ACA plans must be submitted to the Department no earlier than June 20, 2020, and no later than July 1, 2020.

Federal law exempts student health plans from the filing deadlines applicable to single risk pool plans. Likewise, federal guidance indicates that transitional plans have different deadlines than single risk pool plans. In order to comply with Missouri law, rates for student health plans and transitional plans should be filed with the Department at least 60 days prior to the proposed effective date.

Post Proposed Rates for Individual and Small Group ACA Plans – July 31, 2020

Current federal guidelines require “Effective Rate Review” states to post proposed rates for single risk pool plans no later than July 31, 2020. The Department does not intend to post proposed rates earlier than this date.

Optional Quarterly Rate Filings for the Small Group Market

Current federal law permits single risk pool plans in the small group market to adjust rates as often as quarterly. As Missouri law does not limit the frequency of rate filings, health carriers may submit quarterly rate filings for small group market plans.

- 2021 Plans: Health carriers should submit rate filings by July 1, 2020. Rate filings for subsequent quarters should be filed at least 60 days prior to the proposed effective date, as required by §376.465.

Transitional Plan Rate Filings

Missouri law doesn’t differentiate between transitional plans and other Subsection 7 plans. Therefore, transitional plan rates must be filed at least 60 days prior to implementation, and are subject to the same standards of review as other Subsection 7 plans. However, while current federal guidance for transitional health plans only requires rate submissions where the proposed rate increase exceeds the federally identified rate review threshold, under Missouri law all transitional plan rate changes must be filed with the Department, regardless of the magnitude or direction of the rate change.

Please note, for transitional plan rate changes that are less than the federal threshold, the Department will not require companies to also file concurrently with CMS per 20 CSR 400-13.100(8).

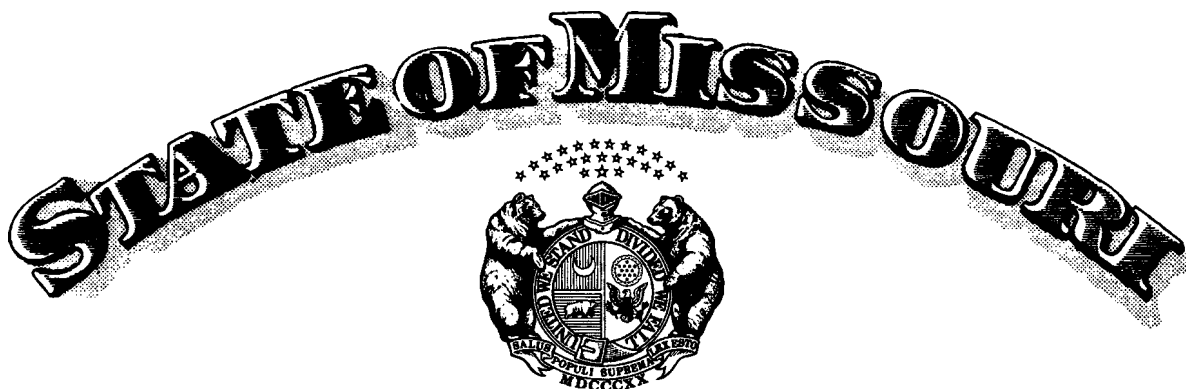
For Additional Rate Filing Guidance

General Instructions available via the System for Electronic Rate and Form Filing (SERFF) for Missouri have been updated. Additional filing guidelines will be posted on the Department’s website and updated as necessary.

Rate Filings for other Health Benefit Plans

For filing requirements applicable to grandfathered and excepted benefit plans that are not Subsection 7 plans, please see §376.465. For dental plans that a health carrier or licensed pre-paid dental plan intends to make available on the exchange, rates must be filed in accordance with §376.465, or thirty (30) days prior to the intended effective date.

Any questions or comments regarding this Bulletin should be directed to Camille Anderson-Wedde at 573-522-3311 or Camille.Anderson@insurance.mo.gov.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-05

ASSISTANCE TO POLICYHOLDERS IMPACTED BY COVID-19

Issued: March 21, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers conducting the business of insurance in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Assistance to policyholders impacted by COVID-19

On March 13, 2020, Governor Michael L. Parson issued Executive Order 20-02, declaring a State of Emergency in Missouri due to the risk posed to the public and to health and safety by COVID-19. As a result of the State of Emergency and public health efforts to minimize the spread of COVID-19, disruptions to normal operations have resulted in consumers being unable to timely act or respond to their insurance needs and make timely premium payments on their insurance policies.

On March 18, 2020, the Governor issued Executive Order 20-04, granting the Director of the Missouri Department of Commerce and Insurance (Department) the authority to temporarily waive or suspend the operation of statutes and regulations under her purview in order to best serve the interests of the public health, safety and welfare to effectuate Executive Order 20-04. The Department is issuing this Bulletin to assist individuals and entities regulated by the Department.

This bulletin applies to all insurers including, but not limited to health maintenance organizations (HMOs), health service corporations (HSCs), utilization review agents, health and accident insurers, long-term care carriers, third party administrators (TPAs), discount medical plan organizations, property and casualty insurers, surplus lines insurers, county, town, and farmers'

mutual property insurance companies, and any and all other entities doing business in Missouri or regulated by the Department, regarding any and all types of insurance, including, but not limited to life insurance, health and accident insurance, limited benefit insurance, individual and group disability insurance, Medicare Supplement insurance, property and casualty insurance, HMO policies, discount medical plans, excess loss insurance, stop loss insurance, long-term care insurance, homeowners insurance, personal property insurance, commercial liability insurance, general liability insurance, workers' compensation insurance, fire and extended coverage insurance, title insurance, marine and transportation insurance, credit life insurance, medical supplement insurance, credit property and casualty insurance, annuity insurance, professional and medical malpractice insurance, and any and all other insurance-related entities regulated by the Department.

The Director strongly encourages those entities listed above to voluntarily adhere to the practices listed below during the time period that this bulletin is in effect.

1. Grace Period – All Entities Listed Above Except Health Carriers. Coverage for residents of the State of Missouri should continue under all insurance policies in effect as of March 13, 2020, and shall remain in effect until such time as Executive Order 20-04 is terminated or this bulletin is rescinded, whichever is later. Insurers are strongly encouraged not to cancel, nonrenew, or terminate coverage while this Bulletin is in effect. This grace period is a period of time during which consumers can take those actions necessary to keep their policies in force. The Department is not requiring insurers to waive any premiums or other consideration owed on any policy or contract during this period of time. The Department anticipates that a failure to pay premiums or remit consideration may subject the policy to a retroactive cancellation, in accordance with the policy terms.

Nothing in this bulletin should be construed as the Department requesting any insurer to refrain from terminating coverage on the basis of fraud on the part of an insured.

2. Grace Period – Health Carriers. The Director strongly encourages health carriers, as defined in section 376.1350, RSMo, to extend a grace period of at least 60 days for coverage in effect as of March 13, 2020, where premium or subscription charges are unpaid, in an effort to allow consumers to take actions necessary to keep their policies in force. As per section 376.434.1, carriers are strongly encouraged to accept liability for valid claims for covered losses incurred prior to the end of the grace period if appropriate dues or premiums are received by the carrier during the grace period. For carriers who agree to provide an extended grace period of 60 days to enrollees in all markets, the Director will grant a safe harbor from enforcement of the provisions of section 376.434.2. In implementing this request, health carriers are encouraged to exercise maximum flexibility in order to best meet the needs of their policyholders. Carriers seeking to take advantage of this safe harbor must notify the Department with details of how they will implement this change, including but not limited to, how they will handle claims processing and provider communications.

3. Information sharing. To ensure that public health officials and the public are adequately informed about what the insurance industry is doing in response to COVID-19, the Department is requiring that insurers provide information about the steps they are taking in response to this Bulletin, particularly, the issues addressed in the items outlined above and information about how

the insurer intends to continue to service the needs of the policyholders. Please send your information to Stewart Freilich at Stewart.Freilich@insurance.mo.gov.

If you have questions or concerns about this bulletin, please contact Stewart Freilich.

This bulletin is effective until May 15, 2020, unless extended by the Director.

FAQs Regarding Bulletin 20-05 – March 27, 2020

1. - (Q) Is compliance with Bulletin 20-05 voluntary or mandatory?

(A) – The provisions in the Bulletin for grace periods (Items 1 & 2) are voluntary, but the Director strongly encourages insurers to comply with these provisions. The Department views favorably all efforts made by insurers to comply with this Bulletin as such compliance is critical to minimizing disruptions in the market and to protect insurance consumers during this time of emergency. The reporting provisions in Item 3 of the Bulletin are mandatory as they constitute an inquiry, information request and/or data call being made by the Department

2 – (Q) If an insurer sent a cancellation or non-renewal notice to an insured prior to March 13th in accordance with sections 375.003, 375.004, 379.118 or other applicable state law and such cancellation or non-renewal notice was to become effective on or after March 13th, does the bulletin prohibit the cancellation or non-renewal of any such policy?

(A) Since the action to cancel or non-renew such policy was mailed or delivered with proper notice prior to March 13th, any such cancellation or non-renewal of the policy is not subject to the bulletin.

3 – (Q) Current law allows for cancellation or non-renewal of specific personal lines policies for several reasons unrelated to any issue associated with the COVID-19 pandemic. Many insurers rely on these current laws and act as necessary when a statutory reason, other than for non-payment of premium, arises with respect to a policy in effect on March 13th. Does the bulletin restrict insurer cancellation or non-renewal for reasons other than non-payment of premium?

(A) Nothing in this bulletin should be construed as requesting any insurer to refrain from cancelling or non-renewing coverage on the basis of fraud or material misrepresentation, because of physical changes in the property insured which increase the hazards originally insured or for other reasons prescribed in section 375.002 or other applicable state law, other than for non-payment of premium. In addition, nothing in this bulletin should be construed as requesting any automobile insurer to refrain from cancelling or non-renewing coverage because of the suspension or revocation of the named insured's driver's license or other reason prescribed in section 379.114 or other applicable state law, other than for non-payment of premium.

4 – (Q) Does the bulletin prohibit the cancellation or non-renewal of any policy in accordance with the aforementioned state laws with respect to new business initially written on or after March 13th?

(A) With respect to the issuance of a new policy, a decision not to continue such new policy during the first sixty days of the policy, as prescribed by section 375.002, does not constitute a cancellation and is not governed by this bulletin. However, once such a policy is no longer

subject to such statutorily prescribed period and is in full force, the provisions of the bulletin would then apply.

5 – (Q) If an insurance carrier has a policy for which an application was submitted but coverage was not bound and no policy is in effect, and that policy does not qualify under underwriting guidelines, can the insurance carrier communicate the declination immediately since it does not constitute a cancellation?

(A) Because the policy was never bound, the declination would not constitute a cancellation and as such would not fall within the scope of the bulletin. Prompt communication is in the consumer's best interest, as they will be in a better position to initiate a search for coverage elsewhere.

6–(Q) Does this bulletin prohibit an insurer from cancelling or non-renewing a policy upon the request of the policyholder?

(A) No, any actions requested by the policyholder are not governed by the bulletin. The bulletin is intended to assist policyholders impacted by COVID-19 with respect to potential actions taken by their insurer.

7 – (Q) Will the information submitted by insurers in response to Item 3 of the bulletin be treated as confidential communications to the Department and not be subject to public disclosure?

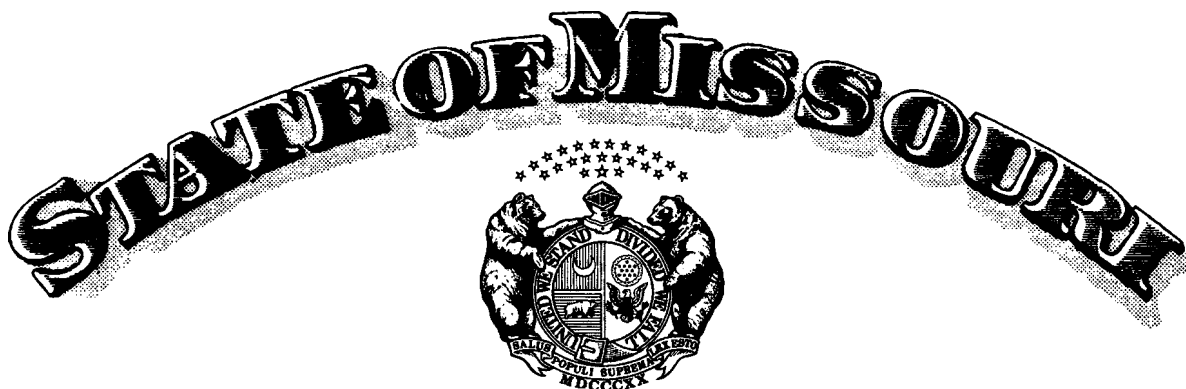
(A) The company-specific information requested under the bulletin constitutes an inquiry, information request and data call under section 374.071. This information is requested to ensure that public health officials and the public, in general, are adequately informed about what the insurance industry is doing in response to this crisis. The information received will be treated in accordance with the confidentiality provisions of section 374.071 and any information publicly disseminated by the department will reflect industry activity only and will not indicate anything identifying a specific insurer.

8– (Q) When is the information requested from insurers in response to Item 3 of the bulletin due?

(A) We would like the information by April 10, 2020. We understand that in this period of rapid change that after the initial submission insurers may need to supplement or revise their answers. The requested information submitted electronically by e-mail or as an e-mail attachment to stewart.freilich@insurance.mo.gov. There is no specific template. If any insurer needs an extension of time to submit the information, they can reach out to Stewart Freilich at the email address provided.

9–(Q) In accordance with the bulletin’s purpose of providing assistance to policyholders impacted by COVID-19, how can policyholders contact their Company for assistance?

(A) Insurers are asked to provide clear guidance to policyholders outlining how to contact the company, so that an insured can easily and promptly inform the insurer of his or her situation and difficulties complying with payment schedules. Insurers are strongly encouraged to make every effort to work with their insureds to alleviate their difficulties with the goal of maintaining continuous coverage through the bulletin’s effective period and easing the burdens for policyholders. As such, insurers are strongly encouraged to consider relaxing due dates for premium payments, extending grace periods, allowing for installment payments without additional fees, waiving late fees and penalties and any other methods to assist the policyholder that the insurer deems feasible.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-06

FILINGS MADE TO THE DIVISION OF COMPANY REGULATION

Issued: March 24, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers conducting the business of insurance in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Filings made to the Division of Company Regulation

On March 13, 2020, Governor Michael L. Parson issued Executive Order 20-02, declaring a State of Emergency in Missouri due to the risk posed to the public and to health and safety by COVID-19. As a result of the State of Emergency and public health efforts to minimize the spread of COVID-19, disruptions to normal operations have occurred. The Department is issuing this Bulletin to assist entities regulated by the Department in making required filings with the Division of Company Regulation.

This bulletin applies to all insurers including, but not limited to health maintenance organizations (HMOs), health service corporations (HSCs), utilization review agents, health and accident insurers, long-term care carriers, third party administrators (TPAs), discount medical plan organizations, property and casualty insurers, surplus lines insurers, county, town, and farmers' mutual property insurance companies, and any and all other entities doing business in Missouri or regulated by the Department, regarding any and all types of insurance, including, but not limited to life insurance, health and accident insurance, limited benefit insurance, individual and group disability insurance, Medicare Supplement insurance, property and casualty insurance, HMO policies, discount medical plans, excess loss insurance, stop loss insurance, long-term care insurance, homeowners insurance, personal property insurance, commercial liability insurance,

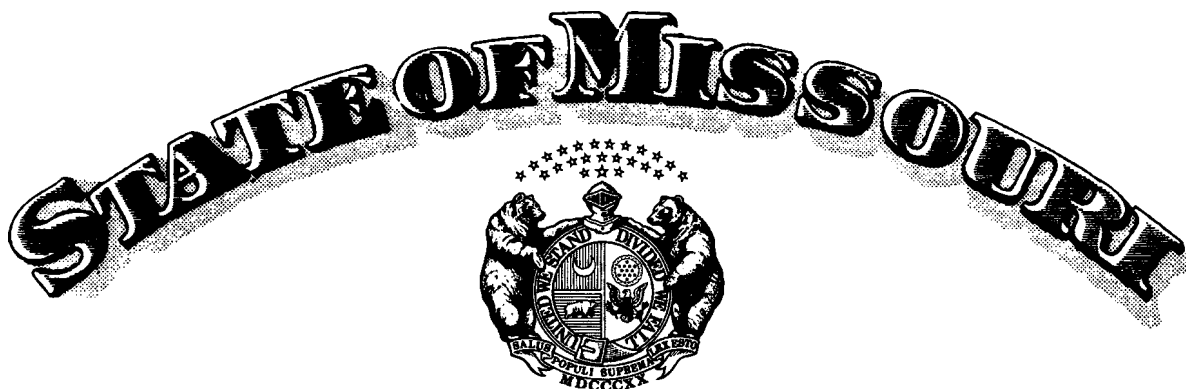
general liability insurance, workers' compensation insurance, fire and extended coverage insurance, title insurance, marine and transportation insurance, credit life insurance, medical supplement insurance, credit property and casualty insurance, annuity insurance, professional and medical malpractice insurance, and any and all other insurance-related entities regulated by the Department.

For all Missouri domestic insurance companies and HMOs, all annual statement supplemental filings due on April 1, 2020 will be considered officially filed with the Department when filed electronically with the NAIC. For 2020, any requirements to send signed hard copies of annual statement supplemental filings to the Department are optional.

For all other filings normally filed via mail with the Department of Commerce and Insurance, Division of Insurance Company Regulation, including but not limited to holding company filings (Forms B, C, D, F), and dividend or surplus note payment requests, such filings should be made electronically with an electronic signature in lieu of a signed hard copy while this bulletin is in effect. These filings should be sent by email to InsuranceSolvency@insurance.mo.gov to allow us to track filing dates accurately. Any documents sent via email to this address should be accompanied by a request for a read receipt. The date of the read receipt is considered the official filed date. Notarization of documents is not required while this bulletin is in effect; however any document that is normally required to be notarized should be signed by the appropriate individual, scanned, and submitted electronically as a .pdf document.

For questions about these processes, please contact John Rehagen, Director of the Division of Insurance Company Regulation at john.rehagen@insurance.mo.gov.

This bulletin is effective until May 15, 2020, unless extended by the Director.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-07

PROVISION OF SERVICES VIA TELEHEALTH

Issued: March 26, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: Health carriers writing health insurance or health benefit plan coverage in Missouri

From: Chlora Lindley-Myers, Director

Re: Provision of Services via Telehealth

On March 13, 2020, Governor Michael L. Parson issued Executive Order 20-02, declaring a State of Emergency in Missouri due to the risk posed to the public and to health and safety by COVID-19. Subsequently, on March 18, 2020 the Governor issued Executive Order 20-04, granting the Directors of several state agencies, including the Department of Health and Senior Services and the Department of Commerce and Insurance the authority to temporarily waive or suspend the operation of statutes and regulations, subject to approval of the governor and under the purview of such directors in order to best serve the interests of the public health, safety and welfare to effectuate Executive Order 20-04. The Department is issuing this Bulletin to assist individuals and entities regulated by the Department who are seeking to provide or obtain services via telehealth.

The provision of healthcare services via telehealth is becoming increasingly important as an alternate way for consumers to access healthcare services in light of the COVID-19 pandemic. Telehealth allows consumers to access healthcare services – including services like mental health services, physical therapy, and speech therapy– while maintaining appropriate social distancing. Under section 376.1900 RSMo, health carriers in Missouri are required to provide coverage for health care services provided by a health care provider via telehealth in the same manner as they

would provide such coverage if the service was provided in person. The Department strongly encourages accessing healthcare services via telehealth in order to maintain social distancing. For purposes of this requirement, a “health care provider” is defined as a provider licensed in the State of Missouri.

Under the authority described in Executive Order 20-04, the general requirement that health care providers be licensed in the State of Missouri in order to provide care via telehealth in this state, as specified in section 191.1145.3, has been waived. Accordingly, while this bulletin is in effect, the Director will not take an enforcement action against any health carrier when the health carrier provides coverage for services provided via telehealth by a health care provider who is licensed in another state but not licensed in the state of Missouri.

In addition, while section 376.1900.8 allows carriers to restrict coverage for telehealth services to those provided by in-network providers, carriers are strongly encouraged to implement this bulletin along with Bulletin 20-03, in an effort to broaden access to services provided via telehealth. This request applies to all services provided through telehealth, including mental health services and therapies, not just testing or office visits related to COVID-19.

If you have questions or concerns about this bulletin, please contact Amy Hoyt at amy.hoyt@insurance.mo.gov

This bulletin is effective until May 15, 2020, unless extended by the Director.



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-08

Expeditious Review of SERFF Filings for COVID-19 Premium Relief Measures

Issued: April 10, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers writing personal and commercial lines of property and casualty insurance in Missouri.

From: Chlora Lindley-Myers, Director

Re: COVID-19 related SERFF filings pertaining to premium relief plans for personal and commercial lines of property and casualty insurance policies

This Bulletin is issued to provide information regarding the SERFF filing of COVID-19 related premium relief strategies including but not limited to; premium adjustments, premium reimbursements, premium credits, and insured notifications.

Insurers choosing to provide premium relief to insureds as a result of the COVID-19 emergency are strongly encouraged to submit SERFF filings in order to document such strategies.

As the insurance community is navigating these unprecedented times, it is important that

transparent, consistent communication be maintained. The SERFF system serves as a digital filing cabinet for insurance products and will serve as historical documentation on how each company responded to this event.

By issuing this bulletin, the Department is notifying insurers that all COVID-19 filings related to premium relief will receive an expeditious review, if the insurer provides advance notification of the SERFF tracking number by emailing pc@insurance.mo.gov.

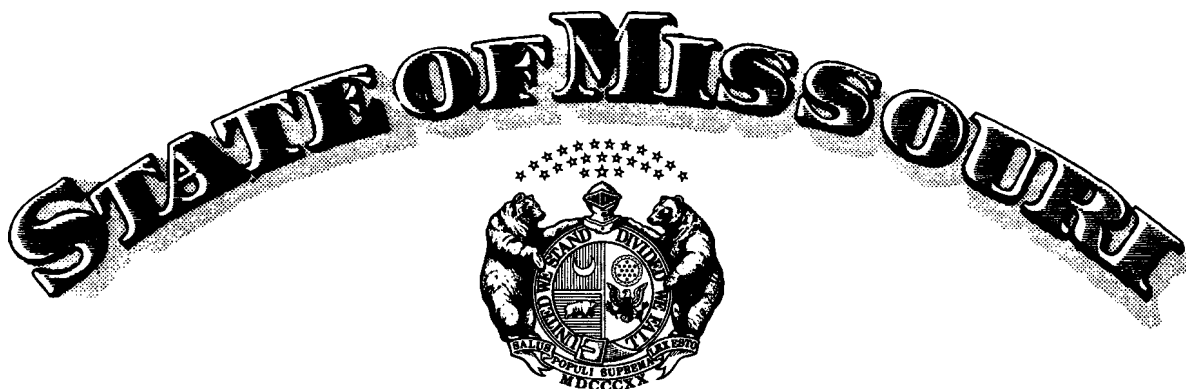
The issuance of this bulletin does not provide any prior approval or approval authority over such strategies. COVID-19 related strategies shall be filed for informational purposes only, unless a different disposition is required by statute or regulation. In order to expedite the response to policyholders, all filings related to COVID-19 related premium relief strategies shall be use and file. The Department strongly encourages timely filing of premium relief plans.

Insurers are strongly encouraged to include the following information within their filing submission:

1. Explanation of premium relief strategy
2. Effective and termination date of any premium relief
3. Methodology used to determine premium relief
4. Description of how any premium relief will be implemented in a manner that avoids unfair discrimination.
5. Information on how the insurer will notify the insured of premium relief
6. Description of how the insurer will account for any premium dividends (for example, as an increase in underwriting expense or decrease in premium)
7. Information on how the insurer plans to account for any COVID-19-related premium relief when performing future ratemaking exercises
8. Clear confirmation that the company will continue to closely monitor the situation and adjust premium and coverage plans and monitor company solvency.

Any questions or comments regarding this Bulletin should be directed to the Property and Casualty Section at pc@insurance.mo.gov

###



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-09

TEMPORARY MISSOURI RESIDENT INSURANCE PRODUCER LICENSE

Issued: April 13, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All Missouri Residents Seeking Licensure as an Insurance Producer

From: Chlora Lindley-Myers, Director

Re: Temporary Missouri Resident Insurance Producer License

Effective today, the Director of the Missouri Department of Commerce and Insurance (the "Department"), under the authority of Executive Order 20-04 issued by Governor Parson on March 18, 2020, will begin issuing temporary resident insurance producer licenses for the following lines of business: Life, Variable Life and Variable Annuity, Accident and Health, Property, Casualty, Personal Lines and Crop. The Department will temporarily waive the licensing requirement of successfully passing an examination for these lines of business provided a currently licensed Missouri insurance producer will sponsor the applicant.

Unless expressly waived by the Department, all other licensing requirements as required by the insurance laws of Missouri and the regulations of the Department shall remain in effect. Furthermore, this waiver shall not be construed to apply to any individual or other license types other than those explicitly identified by this bulletin. All provisions of the insurance laws and regulations that apply to licensed insurance producers apply to licensees issued a temporary Missouri resident insurance producer license, including the disciplinary statutes found in Section 375.141, RSMo. A sponsoring licensed insurance producer has the duty and responsibility to ensure the work and actions of the individual issued a temporary insurance producer license are in compliance with Missouri law.

To apply for a temporary license, the department must receive a completed application, a completed temporary license questionnaire (the temporary license questionnaire is attached to this bulletin as page 3) and a \$100 nonrefundable license fee. Both the completed application and the temporary license questionnaire must be emailed to templicense@insurance.mo.gov. Upon receipt of the application and questionnaire, the department will provide a web link to applicants to use to send the electronic payment of the \$100 nonrefundable license fee. Forms for Temporary Missouri Resident Insurance Producer License can be found at insurance.mo.gov/templicense.

A Temporary Missouri Resident Insurance Producer License will only be valid for 90 days after the initial date of issuance. If documentation of passage of the appropriate insurance examination(s) is not emailed to templicense@insurance.mo.gov within the 90 day period after the initial date of issuance, the temporary license will expire and an individual will need to reapply and meet the standard Missouri insurance producer licensure requirements. Upon receiving documentation of passage of the appropriate insurance examination(s) within the 90 day period after the initial date of issuance, the department would convert, with no additional fees, the temporary license to a regular producer license for a two year period based on the original effective date of the temporary producer license.

The issuance of temporary licenses will discontinue at such time the Department rescinds its waiver of the licensing requirement of successfully passing an examination or at such time Executive Order 20-04 terminates.

All questions regarding this notice may be directed to templicense@insurance.mo.gov or by calling (573) 751-3518.

Missouri Temporary Resident Insurance Producer License Questionnaire

Please answer the following questions regarding your application for a Temporary Missouri Resident Insurance Producer License. Your responses will be used to assist the department in determining whether or not to issue a Temporary Missouri Resident Insurance Producer License.

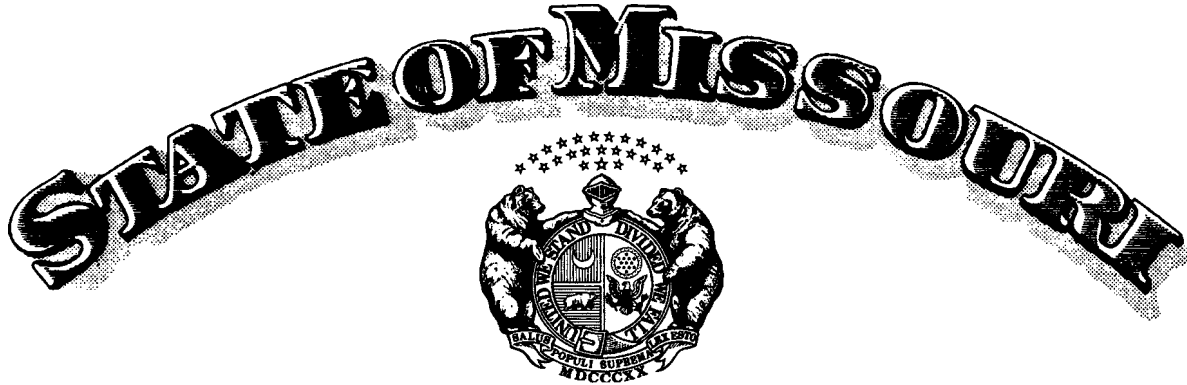
1. Provide the name and license number of the Missouri licensed insurance producer you will be working with to sponsor your temporary license.
2. Have you ever failed any licensing examination for any line of authority? If yes, provide an explanation/details.
3. Describe your insurance work experience and completed insurance training.
4. List the companies you plan to be appointed with to sell insurance.
5. If you answered "Yes" to any of the background questions on the application you must include the documentation requested.

Applicant Signature for Temporary Missouri Resident Insurance Producer License Date

Sponsor Attestation:

As the sponsoring Missouri licensed insurance producer for the applicant, I will guide and watch over the actions of the applicant and assume responsibility for all acts of the applicant while under my sponsorship.

Sponsoring Missouri Licensed Insurance Producer Signature NPN Date



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-10

Extension and Termination of Grace Periods extended under Bulletin 20-05

Issued: May 7, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: All insurers conducting the business of insurance in the State of Missouri

From: Director Chlora Lindley-Myers

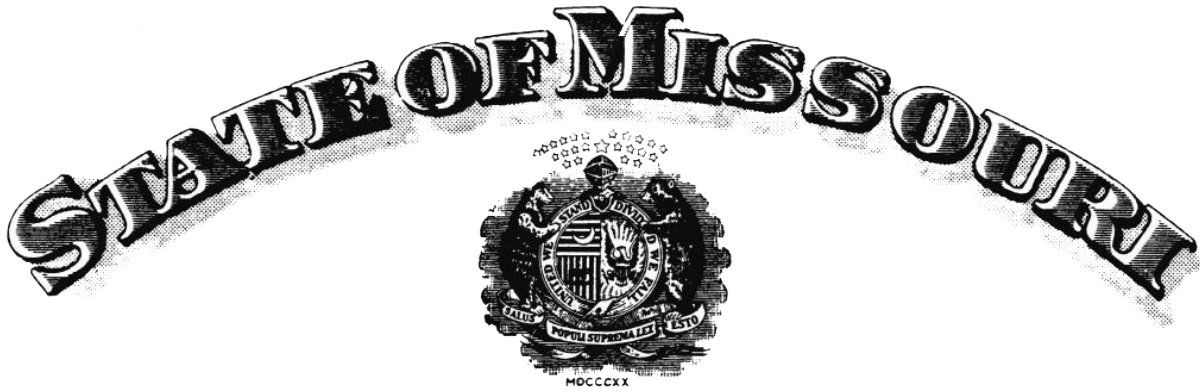
Re: Extension and Rescission of Bulletin 20-05

On May 4, 2020, Governor Michael L. Parson issued Executive Order 20-10 extending Executive Order 20-04 until June 15, 2020. In conformity with this Order and to assist individuals and entities regulated by the Department, the Director is extending the application of Bulletin 20-05 until June 15, 2020. All insurers, including health carriers, are strongly encouraged to extend grace periods until June 15, 2020.

To assist individuals and entities regulated by the Department in planning for the future, notice is hereby provided that the Department will rescind Bulletin 20-05, and the extension provided herein, effective June 15, 2020.

This bulletin does not preclude insurers from setting up payment plans or other accommodations to assist consumers, to the extent possible or as required by law.

If you have questions or concerns about this bulletin, please contact Stewart Freilich (stewart.freilich@insurance.mo.gov) or Amy Hoyt (amy.hoyt@insurance.mo.gov).



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-11

Title insurers conducting “on-site” review during COVID-19 emergency

Issued: May 12, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo.

To: Title Insurers which have contracted with title agencies or agents

From: Director Chlora Lindley-Myers

Re: Title insurers conducting “on-site” review during COVID-19 emergency

Section 381.023.1, RSMo requires that title insurers annually conduct “on-site” reviews of the underwriting, claims, and escrow practices of the title agencies or agents with which they have contracts.

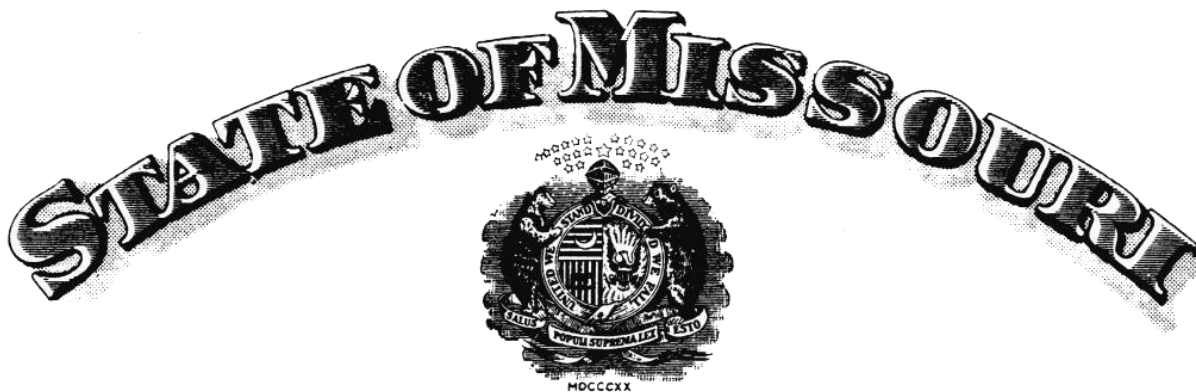
Title insurers have recently inquired about this requirement in light of the recommendations of the Centers for Disease Control (CDC) and Missouri Department of Health and Senior Services (DHSS). The CDC and DHSS recommend that individuals practice social distancing to the extent possible in order to mitigate the spread of the coronavirus responsible for COVID-19.

To support the recommendations of the CDC and DHSS, and in the interest of the public health and safety, the Department invokes its authority under Executive Order 20-04 and temporarily waives the requirement under section 381.023.1 and 20 CSR 500-7.080(1) that

the review called for under that statute and regulation be conducted “on-site.” Under this waiver, title insurers may conduct a portion of the review electronically, so long as the remaining requirements of section 381.023 and 20 CSR 500-7.080, including compliance with 20 CSR 500-7.080(3)(B) as it pertains to Section 14 of the Form T-6A are met, and the on-site portion of the review is completed by December 31, 2020.

This waiver expires on June 15, 2020, unless extended in whole or in part by the Director.

###



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-13

REVISED HEALTH INSURANCE RATE FILINGS - FILING DATES FOR PLAN YEAR 2021

Issued: May 13, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Health carriers writing health insurance or health benefit plan coverage in Missouri

From: Director Chlora Lindley-Myers

Re: Health Insurance Rate Filing Key Dates (2021 Plan Year)

This Bulletin *replaces and supersedes* Bulletin 20-04, issued on March 4, 2020. The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight (CMS-CCIIO) published a revised Insurance Standards Bulletin on May 7, 2020.¹ In this revised bulletin, CMS-CCIIO revised several key rate filing deadlines, including the date for publishing proposed rates and the date rates for Qualified Health Plans must be final. As a result of these revisions, the Department is also revising some of its deadlines. Revised dates are noted in **bold type** in this Bulletin.

¹ "Revised Bulletin: Timing of Submission of Rate Filing Justifications for the 2020 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2021", May 7, 2020. Available at: <https://www.cms.gov/files/document/2020-revised-final-rate-review-timeline-bulletin.pdf>

This Bulletin provides notice to health carriers of key filing dates for health benefit plans that will be offered during 2021, as required by §376.465, RSMo (2016)², and 20 CSR 400-13.100. These dates are based on current federal guidance, and are subject to change.

SUMMARY OF FILING TIMEFRAMES FOR PLAN YEAR 2021

<u>Type of Plan</u>	<u>Filing Timeframe</u>
Single Risk Pool – Plans in Individual and Small Group ACA markets	File between June 27, 2020 and July 15, 2020 to meet federal and state guidelines.
Transitional	File at least 60 days prior to use. Filings, which include finalized rates, that are submitted on or before August 31, 2020 will have their reviews prioritized. <u>Filings submitted later than August 31, 2020 may have reviews extend beyond the intended implementation date.</u>
Grandfathered	File at least 30 days prior to use.
Student Health Plans	File at least 60 days prior to use.
Other Health Benefit Plans (Dental, Vision, etc.)	File at least 30 days prior to use.

#

For additional detail regarding the timeframes in the chart above, please see the following sections.

Applicability

The purpose of this Bulletin is to announce rate filing timeframes for plan types subject to a determination of “reasonableness” pursuant to §376.465.7. For ease, this Bulletin will refer to the following plans as “Subsection 7 Plans”:

- “Health benefit plans” as defined in §376.465 (*excluding* plans sold in the large employer group market);
- Individual and small employer group plans subject to the requirements of the single risk pool;
- Student health plans; and
- Transitional plans.

² All statutory references herein are to RSMo (2016) unless otherwise noted.

Section 376.465 specifies the timeframes applicable to rate filings for all other health benefit plans including, but not limited to, grandfathered plans and excepted benefit plans.

File Rates for Individual and Small Group ACA Plans No Later than July 15, 2020

The Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) designated Missouri as an “Effective Rate Review” state in 2017. To retain that status, the Department must ensure rate filings meet federal guidelines. This Bulletin serves to indicate that the Department intends to follow federal filing and posting guidelines to the extent possible under Missouri law.

Current federal guidelines require rates to be filed for single risk pool plans issued or renewed on or after January 1, 2021. Rates for Individual and Small Group ACA plans must be submitted to the Department no earlier than **June 27, 2020**, and no later than **July 15, 2020**.

Federal law exempts student health plans from the filing deadlines applicable to single risk pool plans. Likewise, federal guidance indicates that transitional plans have different deadlines than single risk pool plans. In order to comply with Missouri law, rates for student health plans and transitional plans should be filed with the Department at least 60 days prior to the proposed effective date.

Post Proposed Rates for Individual and Small Group ACA Plans – August 14, 2020

Current federal guidelines require “Effective Rate Review” states to post proposed rates for single risk pool plans no later than **August 14, 2020**. The Department does not intend to post proposed rates earlier than this date.

Optional Quarterly Rate Filings for the Small Group Market

Current federal law permits single risk pool plans in the small group market to adjust rates as often as quarterly. As Missouri law does not limit the frequency of rate filings, health carriers may submit quarterly rate filings for small group market plans.

- **2021 Plans:** Health carriers should submit rate filings by **July 15, 2020**. Rate filings for subsequent quarters should be filed at least 60 days prior to the proposed effective date, as required by §376.465.

Transitional Plan Rate Filings

Missouri law doesn’t differentiate between transitional plans and other Subsection 7 plans. Therefore, transitional plan rates must be filed at least 60 days prior to implementation, and are subject to the same standards of review as other Subsection 7 plans. However, while current federal guidance for transitional health plans only requires rate submissions where the proposed rate increase exceeds the federally identified rate review threshold, under Missouri law all transitional plan rate changes must be filed with the Department, regardless of the magnitude or direction of the rate change.

Please note, for transitional plan rate changes that are less than the federal threshold, the Department will not require companies to also file concurrently with CMS per 20 CSR 400-13.100(8).

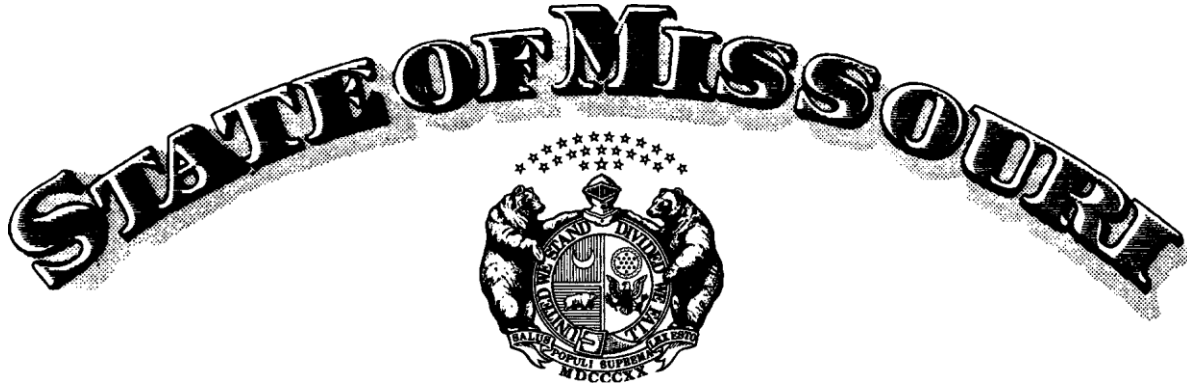
For Additional Rate Filing Guidance

General Instructions available via the System for Electronic Rate and Form Filing (SERFF) for Missouri have been updated. Additional filing guidelines will be posted on the Department's website and updated as necessary.

Rate Filings for other Health Benefit Plans

For filing requirements applicable to grandfathered and excepted benefit plans that are not Subsection 7 plans, please see §376.465. For dental plans that a health carrier or licensed pre-paid dental plan intends to make available on the exchange, rates must be filed in accordance with §376.465, or thirty (30) days prior to the intended effective date.

Any questions or comments regarding this Bulletin should be directed to Camille Anderson-Weddle at 573-522-3311 or Camille.Anderson@insurance.mo.gov.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-14

FILINGS MADE TO THE DIVISION OF COMPANY REGULATION

Issued: May 14, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: All insurers conducting the business of insurance in the State of Missouri

From: Director Chlora Lindley-Myers

Re: Extension of Bulletin 20-06

On May 4, 2020, Governor Michael L. Parson issued Executive Order 20-10 extending Executive Order 20-04 until June 15, 2020. In conformity with this Order and to assist individuals and entities regulated by the Department, the Director is extending the application of Bulletin 20-06 until June 15, 2020.

If you have questions or concerns about this bulletin, please contact John Rehagen (John.Rehagen@insurance.mo.gov).



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-15

EXTENSION OF BULLETIN 20-07 – SERVICES PROVIDED VIA TELEHEALTH

Issued: May 15, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers conducting the business of insurance in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Extension of Bulletin 20-07 – Services Provided via Telehealth

On March 13, 2020, Governor Michael L. Parson issued Executive Order 20-02, declaring a State of Emergency in Missouri due to the risk posed to the public and to health and safety by COVID-19. Subsequently, on March 18, 2020, the Governor issued Executive Order 20-04, granting the Director of the Missouri Department of Commerce and Insurance (Department) the authority to temporarily waive or suspend the operation of statutes and regulations under her purview in order to best serve the interests of the public health, safety and welfare to effectuate Executive Order 20-04.

On April 24, 2020, the Governor issued Executive Order 20-09, extending the state of emergency declared in Executive Order 20-02 through June 15, 2020, and on May 4, 2020, the Governor issued Executive Order 20-10, extending Executive Order 20-04 through June 15, 2020.

The Director issued Bulletin 20-07 on March 26, 2020 regarding the provision of services via telehealth. That Bulletin had an expiration date of May 15, 2020 unless extended by the Director. As the relief offered in Bulletin 20-07 is a companion to relief offered under Executive Order 20-04, the Director is hereby extending the applicability of Bulletin 20-07 through June 15, 2020.



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-16

DISCONTINUING ISSUING TEMPORARY MISSOURI RESIDENT INSURANCE PRODUCER LICENSE

Issued: June 15, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

TO: All Missouri Residents Seeking Licensure as an Insurance Producer and All Current Temporary Missouri Resident Insurance Producer Licensees

FROM: Chlora Lindley-Myers, Director

RE: Discontinuing the Issuing of Temporary Missouri Resident Insurance Producer Licenses

Effective June 16, 2020, the Director of the Missouri Department of Commerce and Insurance (the "Department") will cease accepting applications for temporary resident insurance producer licenses as permitted by Insurance Bulletin 20-09 and rescinds the temporary waiver of the licensing requirement of successfully passing an examination for the following lines of business: Life, Variable Life and Variable Annuity, Accident and Health, Property, Casualty, Personal Lines and Crop. Any and all applications for a temporary resident insurance producer license under Insurance Bulletin 20-09 received by the Department on or after June 16, 2020, will not be processed.

Effective June 16, 2020, all individuals seeking licensure as a resident insurance producer will be required to meet the Missouri insurance producer licensure requirements provided in Missouri law, including successfully passing any required examination(s).

All current temporary resident insurance producer licenses issued under Insurance Bulletin 20-09 will remain in effect until expiration of the license. To accommodate testing needs, the Department will extend the initial 90-day effective period for temporary resident insurance producer licenses for an additional 60 days beyond their expiration dates. All licenses will remain subject to all other conditions prescribed in Insurance Bulletin 20-09, including that all temporary resident insurance producer licensees are required to successfully pass the appropriate insurance examination(s) before the expiration of their temporary resident insurance producer license.

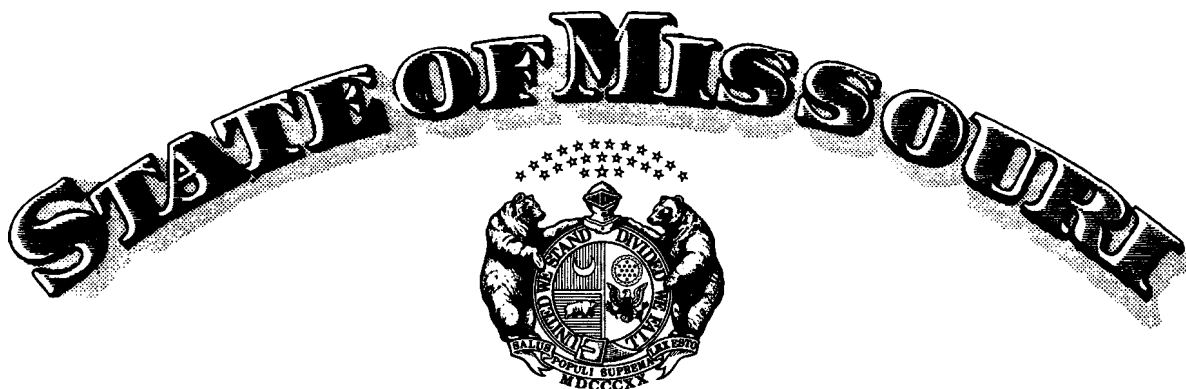
Temporary resident insurance producer license applications that meet the requirements of Insurance Bulletin 20-09 on or before June 15, 2020, will be approved. Applications that do not meet the requirements of Insurance Bulletin 20-09 on or before June 15, 2020, including those applications where applicants failed to adequately respond to requests for information from the Department with the information requested on or before that date, will be closed.

If documentation of passage of the appropriate insurance examination(s) is not emailed to templicense@insurance.mo.gov before the expiration of the temporary resident insurance producer license, the temporary license will expire and an individual will need to reapply and meet the standard Missouri insurance producer licensure requirements.

Upon receiving documentation of passage of the appropriate insurance examination(s) before expiration of the temporary resident insurance producer license, the Department will convert, with no additional fees, the temporary license to a regular producer license for a two year period based on the original effective date of the temporary producer.

All questions regarding this notice may be directed to templicense@insurance.mo.gov or by calling (573) 751-3518.

###



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-17

HEALTH CARRIERS – PREMIUM RELIEF PROGRAMS

Issued: June 17, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: Health carriers writing health insurance or health benefit plan coverage in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Health Carriers – Premium Relief Programs

On March 13, 2020, Governor Michael L. Parson issued Executive Order 20-02, declaring a State of Emergency in Missouri due to the risk posed to the public and to health and safety by COVID-19. On April 24, 2020, the Governor issued Executive Order 20-09, extending the state of emergency declared in Executive Order 20-02 through June 15, 2020. As a result of the State of Emergency and public health efforts to minimize the spread of COVID-19, disruptions to normal operations have resulted in consumers being unable to timely act or respond to their insurance needs and make timely premium payments on their insurance policies.

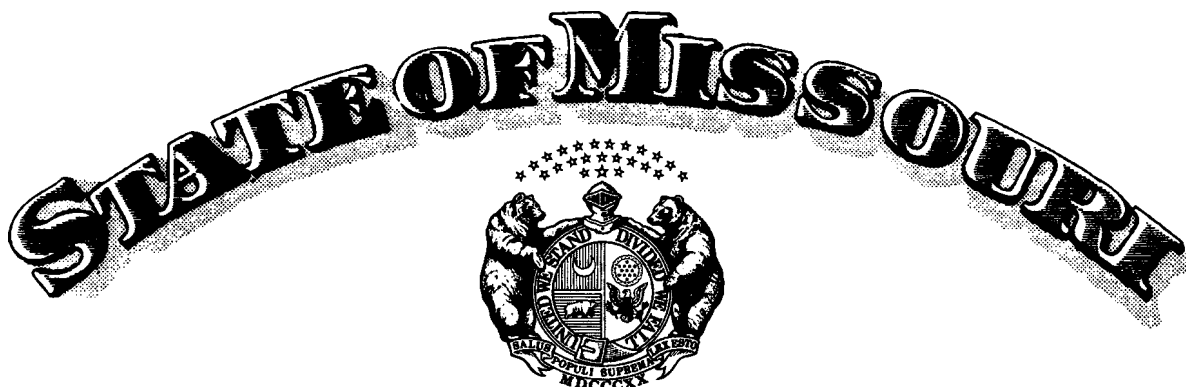
In recent weeks, health carriers have approached the Department seeking information about how to provide financial relief to policyholders in the form premium relief programs. This Bulletin is issued to provide information to health carriers interested in offering premium relief programs in the form of premium adjustments, premium reimbursements, premium credits or premium holidays. Health carriers that have already instituted a premium relief program and those seeking to offer a premium relief program in the future are required to provide information about their plans to the Department. Such information should include the following:

1. Explanation of the premium relief strategy, including the effective and termination dates;
2. Description of the methodology used to determine premium relief;
3. Description of how premium relief will be implemented in a manner that avoids unfair discrimination, as described in section 375.936(11)(b), RSMo;
4. Description of how the carrier will notify policyholders of the premium relief;
5. Description of how the carrier will account for COVID-19 related premium relief when determining rates, including, but not limited to, how the premium relief will impact Medical Loss Ratio (MLR) calculations;
6. Clear confirmation that the company will closely monitor the effects of the program on company solvency; and
7. Explanation of how the premium relief program will be implemented in a way that avoids unlawful rebating, as described in section 375.936(9)(a), RSMo.

Information responsive to the seven categories set out above should be sent to the attention of Camille Anderson-Weddle at LH@insurance.mo.gov .

If you have questions or concerns about this bulletin, please send them to LH@insurance.mo.gov.

###



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-18

Surprise Billing and Arbitration under §376.690

Issued: June 26, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers offering Health Benefit Plans in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Surprise Billing and Arbitration under §376.690

Pursuant to §376.690 and 20 CSR 400-14.100, the Missouri Department of Commerce and Insurance is required to ensure access to an external arbitration process for health care professionals and health carriers when they cannot agree on reimbursement for unanticipated out of network care arising out of an episode of emergency care. In accordance with this requirement, the Department has designated **the American Arbitration Association and the American Health Lawyers Association** as qualified providers of arbitration services, as described in §376.690, RSMo and 20 CSR 400-14.100.

Prior to commencing arbitration proceedings, a health carrier or health care professional must provide written notice of such intent to the Department Director. This notice must include the name and contact information for the health carrier and the health care professional, the billed amount for the service that is the subject of the dispute, the amount and date of the final offer made by each party, and an attestation that the information provided is true and accurate. In addition, both parties must demonstrate they have completed the negotiation period described in §376.690, RSMo. The health carrier and health care professional participating in arbitration are responsible for paying all costs associated with the arbitration. The costs must be shared equally and will be

billed directly to the health carrier and health care provider. The final decision of the arbitrator is binding on all parties, and a copy of the decision must be provided to the Director.

Any questions concerning the implementation of section 376.690 may be directed to the Consumer Affairs Division at consumeraffairs@insurance.mo.gov.

Surprise Billing and External Arbitration

What types of claims are eligible for the negotiation and arbitration process outlined in section 376.690, RSMo?

Claims for *unanticipated out-of-network care* arising out of a situation involving *emergency care* are eligible for the negotiation and arbitration process outlined in section 376.690. *Unanticipated out-of-network care* is health care services a patient receives at a facility that is in-network, from a health care professional who is out of network. This definition applies to all services performed from the time the patient presents with an emergency medical condition until the time the patient is discharged.

Does the patient have to participate in the negotiation and arbitration process?

No, the patient can't be required to participate in the process. Furthermore, if the health care professional takes part in the negotiation and arbitration process, he or she cannot balance bill the patient. "Balance billing" is a practice where an out-of-network provider sends a bill to the patient for the difference between the reimbursement rate paid by the health carrier and the health care professional's billed charges.

As a health care professional, how do I get my claim for services to the health carrier?

Health care professionals are required to send claims for charges incurred for unanticipated out-of-network services to the patient's health carrier within 180 days of the date of service.

What is the negotiation period?

A health carrier must offer to pay the health care professional a reasonable reimbursement amount, based on the health care professional's services. Once the health carrier makes an offer of reimbursement and the health care professional declines the initial offer of reimbursement, the parties have 60 days from the date of the initial offer to negotiate in good faith.

What if the health care professional and health carrier don't reach an agreement?

If the health care professional and health carrier don't reach an agreement during the 60 day negotiation period, the dispute must be resolved through arbitration.

How do the health care professional and health carrier start arbitration proceedings?

Either the health carrier or the health care professional can start the arbitration proceedings by notifying the Director and the other party in writing within 120 days of

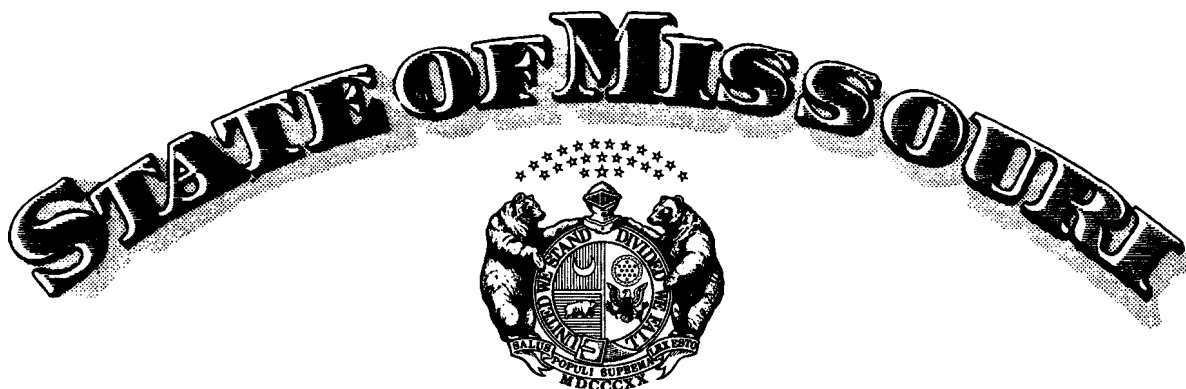
the end of the negotiation period. They must provide information to the Director about the billed amount and the date and amount of the last offer for each party.

Is the outcome of the arbitration binding?

Yes, the arbitrator's decision is binding on all parties.

How does the arbitrator decide on the amount of reimbursement?

The arbitrator must take several factors into consideration, including the health care professional's training, education, and experience; the nature of the service provided; the usual and customary charge for comparable services; the circumstances and complexity of the particular case; and the average contracted rate for the service in the area. The dollar amount the arbitrator determines is due for the service provided must be between 120% of the Medicare allowed amount and the 70th percentile of the usual and customary rate for the care, as determined by benchmarks from independent nonprofit organizations not affiliated with health carriers or health care professionals.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-19

Renewed waiver of requirement of “on-site” review during COVID-19 emergency

Issued: December 1, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo.

To: Title Insurers which have contracted with title agencies or agents

From: Director Chlora Lindley-Myers

Re: Renewed waiver of requirement of “on-site” review during COVID-19 emergency

Because of the COVID-19 emergency, the Department previously issued Insurance Bulletin 20-11. Bulletin 20-11 temporarily waived the requirement under section 381.023.1, RSMo and 20 CSR 500-7.080(1) that the review called for under that statute and rule be conducted “on-site.” That waiver expired on June 15, 2020.

Title insurers have requested that the Department renew this waiver through March 31, 2021.

In considering this request, the Department notes that the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) recommend that individuals practice social distancing to the extent possible in order to mitigate the chance of getting or spreading COVID-19. CDC guidance also cautions that

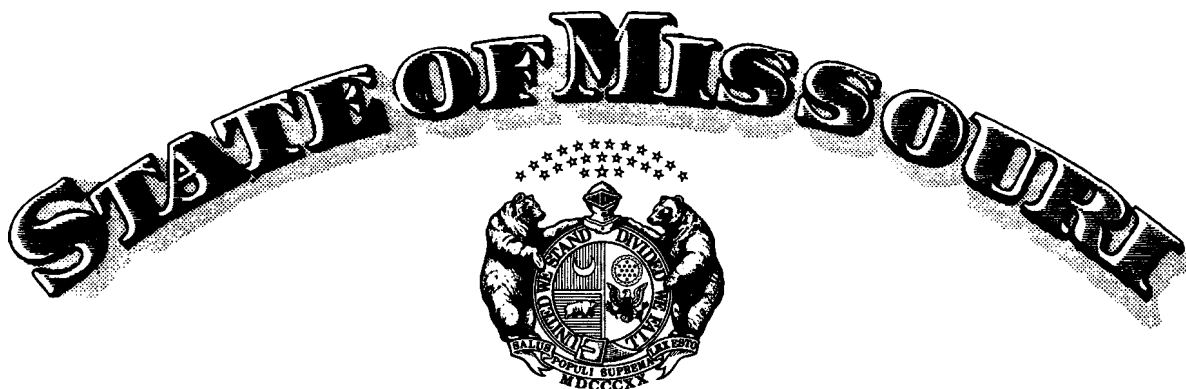
travel increases individuals' chances of getting and spreading COVID-19. As a result, many companies have suspended or limited business travel to protect the health and safety of their employees and communities. Also, some state and local governments may require people who have recently traveled to stay home for 14 days.

To support the recommendations of the CDC and DHSS, and in the interest of the public health and safety, the Department invokes its authority under Executive Order 20-04, as extended by Executive Orders 20-10, 20-12, and 20-19, and waives, through March 31, 2021, the requirement under section 381.023.1 and 20 CSR 500-7.080(1) that the review called for under that statute and rule be conducted "on-site." Under this waiver, a portion of the review may be conducted electronically to satisfy the on-site review obligation under section 381.023.1 and 20 CSR 500-7.080(1).

All remaining requirements of section 381.023 and 20 CSR 500-7.080 remain in effect, including compliance with 20 CSR 500-7.080(3)(B) as it pertains to Section 14 of Form T-6A, and completion of the review by the end of the calendar year.

This waiver expires on March 31, 2021, unless extended in whole or in part by the Department.

###



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 20-20

Renewed waiver of requirement of “on-site” review during COVID-19 emergency

Issued: December 9, 2020

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo.

To: Title Insurers which have contracted with title agencies or agents

From: Director Chlora Lindley-Myers

Re: Renewed waiver of requirement of “on-site” review during COVID-19 emergency

This bulletin is issued to correct information contained in Bulletin 20-19. The corrected information is with respect to the reference to the section of the Form T-6A.

Because of the COVID-19 emergency, the Department previously issued Insurance Bulletin 20-11. Bulletin 20-11 temporarily waived the requirement under section 381.023.1, RSMo and 20 CSR 500-7.080(1) that the review called for under that statute and rule be conducted “on-site.” That waiver expired on June 15, 2020.

Title insurers have requested that the Department renew this waiver through March 31, 2021.

In considering this request, the Department notes that the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) recommend that individuals practice social distancing to the extent possible in order to mitigate the chance of getting or spreading COVID-19. CDC guidance also cautions that travel increases individuals' chances of getting and spreading COVID-19. As a result, many companies have suspended or limited business travel to protect the health and safety of their employees and communities. Also, some state and local governments may require people who have recently traveled to stay home for 14 days.

To support the recommendations of the CDC and DHSS, and in the interest of the public health and safety, the Department invokes its authority under Executive Order 20-04, as extended by Executive Orders 20-10, 20-12, and 20-19, and waives, through March 31, 2021, the requirement under section 381.023.1 and 20 CSR 500-7.080(1) that the review called for under that statute and rule be conducted "on-site." Under this waiver, a portion of the review may be conducted electronically to satisfy the on-site review obligation under section 381.023.1 and 20 CSR 500-7.080(1).

All remaining requirements of section 381.023 and 20 CSR 500-7.080 remain in effect, including compliance with 20 CSR 500-7.080(3)(B) as it pertains to Section 12 of Form T-6A, and completion of the review by the end of the calendar year.

This waiver expires on March 31, 2021, unless extended in whole or in part by the Department.

###